

SM Exhibit I



**CONSULTATION REFERRAL
MEDICAL DIVISION**
FD-1429-180 (Rev. 8-60) Part

SOCIAL SECURITY #		
DATE	MED. DIST. #	CLINIC #
1/15/15	17	159
RANK	NAME (LAST, FIRST, M.I.)	
1 ECO	Sergeant Adam	
COMMAND	TAX REGISTRY #	COMMAND PHONE #
CB1 11		(718) 574-0441
ON SICK REPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LINE OF DUTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF LINE OF DUTY
DOCTOR TO WHOM REFERRED: 1300		CONSULTATION SPECIALTY PSYCHOLOGICAL EVALUATION
		APPOINTMENT DATE & TIME
		NOTIFIED BY:

REASON FOR REQUEST / SPECIFIC QUESTIONS TO BE ANSWERED: (IF OTHER THAN THOSE LISTED BELOW)

1. Stress response
2. Stress management
3. Reduce physical symptoms of stress

NAME OF REQUESTING SURGEON (Printed)

SURGEON'S SIGNATURE

**CONSULTANT'S REPORT - PRINT OR TYPE ANSWERS TO ALL QUESTIONS CHECKED,
IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE.**

DIAGNOSIS:

stress response

TREATMENT RECOMMENDED:

Psychotherapy - recommend CBT to improve coping skills &
reduce physical symptoms of stress

PROGNOSIS:

good with treatment

DUTY CAPABILITY: (INDICATE ACTIVITIES TO BE EXCLUDED)

CONTINUE ON SICK REPORT LIMITED CAPABILITY RESTRICTED DUTY FULL DUTY

4/13/15 no longer in physical condition

APPROX. RETURN TO DUTY?

DO YOU WISH TO SEE THIS PATIENT AGAIN?

YES NO. If so, when?

DATE	CONSULTANT'S NAME (PRINTED)	SIGNATURE
1/15/15	Adam	

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